

**VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY
FISH FARM QUESTIONNAIRE**

1. The Facility's Legal Name Is:

The Facility's Address Is:

The Facility's Phone Number Is (Including Area Code):

2. If the Facility is Also Known by Another Unofficial Name, the Unofficial Name Is:

3. The Facility Is Owned By: (Give Legal Name or Names)

4. The Owner Is: (private Individual, Partnership, Corporation, Public Entity, or Combination of Any of These)

5. The Owner's Tax Identification Number Is: (If More Than One Owner, Give Tax ID Numbers for Each Owner)

6. An Operator of a Facility Is the Person or Entity Who Controls the Day-to-Day Operation of the Facility. The Operator of the Facility Is: (Give Legal Name; If Same as Owner, Skip to Question 9 After Answering This Question)

7. The Operator Is: (Private Individual, Partnership, Corporation, Public Entity, or Combination of Any of These)

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8. The Operator's Tax Identification Number Is: (If More Than One Operator, Give Tax ID Number for Each Operator)

9. The Operator's Mailing Address and Telephone Number Are:

10. The Name, Title, Mailing Address and Telephone Number of the Person Who Should be Contacted By the DEQ About this Permit Application Are: (May or May Not Be Same as Owner or Operator)

11. The Geographic Location of the Facility Is: (If the Facility Is Not Located on a Street or Road That Has a Street Name or Route Number, Please Indicate Approximate Location, e.g., one-quarter mile north of intersection of Routes 450 and 27)

12. Please Attach a Map That Shows the Location of the Facility. The Map Should Show All of the Following Things:

- a. An area extending at least one mile in all directions beyond the property boundaries;
- b. The legal property boundaries of the property on which the facility is located;
- c. The location of each existing and proposed intake and discharge structure. If these structures have serial numbers, please show them on the map next to their corresponding structures. If these structures do not have serial numbers, please assign a different number or letter to each structure and show them on the map;
- d. All surface waters (rivers, streams, etc.) springs and drinking water wells within a quarter mile of the facility. (Public records at the county or city government offices may help you locate these.)
- e. The source of water used by the facility;
- f. Location of manure disposal areas, structures or facilities; and
- g. The map's scale, an arrow pointing north, the longitude and latitude to the nearest whole second, the direction in which any river shown on the map is flowing, the directions of the ebb and flow tides if any tidal waters are shown on the map.

You may put this information on a U.S. Geological Survey (USGS) map, if you like.
USGS maps are available from:

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Eastern Mapping Center, USGS
National Center, Mail Stop 567
Reston, Virginia 22092
(703) 648-6002.

13. The Name of the Source of Water Used by the Facility Is (e.g., Blackwater Creek or Roanoke River):

14. Does The Facility Already Exist or Will It Be Constructed in the Future?

15. Does The Facility Have Any Environmental Permits Already? (If So, Please Give Permit Type and Permit Number of Each Permit)

16. Does the Facility Have an EPA Identification Number? (If So, Please Give Number)

17. Is the Facility Located On Indian Lands?

18. Give the Maximum Daily Flow for Each Outfall at the Facility: (An outfall is a point, such as a pipe or drainage ditch, at which the waste or wastewater is discharged into a surface body of water, such as a river or a creek. For each outfall, use the numbers or letters assigned to each outfall on the map that you attached. Maximum Daily Flow is the maximum measured of gallons flowing out over a calendar day. If the facility has not been constructed yet, get your engineer to give an estimate for each outfall.)

Outfall No.

Maximum Daily Flow

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19. Give the Maximum 30-Day Flow for Each Outfall: (The Maximum 30-Day-Flow is the average of the measured daily flows over the calendar month of highest flow. If the facility has not been constructed yet, get your engineer to give an estimate for each outfall.)

<u>Outfall No.</u>	<u>Maximum 30-Day Flow</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

20. Give the Long Term Average Flow for Each Outfall: (The Long Term Average is the average of the measured daily flows over a calendar year. If the facility has not been constructed yet, get your engineer to give an estimate for each outfall.)

<u>Outfall No.</u>	<u>Long Term Average Flow</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

21. Give the Name of the Body of Water that Will Receive the Discharge From Each Outfall:

<u>Outfall No.</u>	<u>Receiving Water</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

22. Please indicate the total number of ponds, raceways and similar structures in your facility:

<u>Structure</u>	<u>Number</u>
a. Ponds	_____
b. Raceways	_____
c. Water Recycling	_____
d. Oxygen Injection	_____

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<u>Structure</u>	<u>Number</u>
e. Mechanical aeration	_____
f. Other (describe)	_____

23. Is there or will there be discharge from the facility into surface receiving water(s) at least 30 days per year?

24. Please describe your manure management system (e.g., land application, discharge into water, storage and treatment system, etc.)

25. Please list the species of fish and other aquatic animals held and fed at your facility. The name of the fish species should be the proper, common, or scientific names as given in Publication No.6 of the American Fisheries Society, "A List of Common and Scientific Names of Fishes from the United States and Canada." Copies of this publication are available at the DEQ.

Please give for each species the total weight produced by your facility per year in pounds of harvestable weight and the maximum weight present at any one time. The weight values should be representative of your normal operation.

a. Cold Water Species

<u>Species</u>	<u>Harvestable Weight</u> Total Yearly	Maximum
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Warm Water Species

<u>Species</u>	<u>Harvestable Weight</u> Total Yearly	Maximum
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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26. Please give the total pounds of food fed during the calendar month of maximum feeding:

Month

Pounds of Food

The following certification must be signed as follows:

- a. For a corporation, by a principal executive officer of at least the level of vice president;
- b. For a partnership or sole proprietorship, by a general partner or the sole proprietor, respectively; or
- c. For a municipality, State, federal or other public facility, by either a principal executive officer or ranking elected official.

"I certify under penalty of law that I have personally examined the information submitted in this application and all attachments submitted by the applicant and, to the best of my knowledge and belief, such information is true, accurate and complete."

Name (Printed or typed)

(Phone no.)

Title (Printed or typed)

Signature

(Date signed)